

MAY 20 2009

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FACSIMILE COVER SHEET

TO: Examiner Madeleine A.V. Nguyen
Group Art Unit 2625

FROM: Michael K. O'Neill

RE: U.S. Application No. 10/763,220
Atty. Docket No.: 00862.023424

FAX NO.: (571) 273-8300

DATE: May 20, 2009

NO. OF PAGES: 10
(including cover page)

TIME: 2:26

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MESSAGE

Attached is an Amendment in response to the Office Action dated February 26, 2009.

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on:

May 20, 2009
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Michael K. O'Neill, Reg. No. 32,622
(Name of Attorney for Applicant)

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MAY 20 2009

In re Application of:

Docket No. 00862.023424.

TAKASHI HANAMOTO

Application No.: 10/763,220

Examiner: Madeleine A. V. Nguyen

Filed: January 26, 2004

Group Art Unit: 2625

For: IMAGE DATA PROCESSING
APPARATUS, METHOD, STORAGE
MEDIUM AND PROGRAM

Date: May 20, 2009

Mail Stop Amendment
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	4	MINUS	20	= 0	x \$26 \$52	\$0.00
INDEP. CLAIMS	3	MINUS	3	= 0	x \$110 \$220	\$0.00
Fee for Multiple Dependent claims \$195°/\$390						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

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(Date of Deposit)Michael K. O'Neill, Reg. No. 32,622
(Name of Attorney for Applicant)

 Signature Date of Signature

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Michael K. O'Neill
Registration No.: 32,622

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